Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6009930 B. WING 09/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6501 SOUTH CASS **BRIAOF WESTMONT** WESTMONT, IL 60559 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Initial Comments S 000 Complaint Investigation: 2277359/IL151202 S9999 Final Observations S9999 Statement of Licensure Violations 300.1210b) 300.1210d)2 Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. These Requirements were NOT MET as evidenced by: Based on interview and record review the facility failed to ensure a resident received Attachment A Statement of Licensure Violations follow-up/outpatient care from a urologist after being hospitalized with diagnoses of urinary

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6009930 09/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6501 SOUTH CASS **BRIAOF WESTMONT** WESTMONT, IL 60559 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 retention, UTI (urinary tract infection), and urinary catheter placement in April 2022 for 1 of 3 residents (R1) reviewed for urinary catheter care in the sample of 3. This failure resulted in R1 being hospitalized for sepsis secondary to a UTI. The findings include: R1's Admission Record dated April 7, 2022 showed R1 had diagnoses including cerebral infarction (CVA), dementia, obstructive and reflux uropathy (inability of the urine to drain via the urinary tract), and urinary retention. R1's hospital records dated March 30, 2022-April 7, 2022 showed R1 was hospitalized with a diagnosis of sepsis related to an infection of the urinary tract (UTI). The records showed R1 had a urinary catheter in place during the hospitalization. R1's hospital discharge instructions dated April 7. 2022 showed R1 was discharged back to the facility. R1's discharge instructions showed R1 was to make a follow-up appointment with a urologist "in 4-6 weeks" for a voiding trial (a trial to assess the ability of the bladder to empty). R1's facility physician note dated April 8, 2022 showed R1 should "follow-up with Urology in 4-6 weeks for re-evaluation..." R1's facility physician note dated May 2, 2022 showed R1 "should see" his urologist for an appoinment "towards the end of May (2022)". R1's medical records including progress notes, appointments, and physician orders dated April 7. 2022-September 10, 2022 were reviewed. These records showed no urology follow-up appointments for R1. R1's hospital records dated September 11, 2022

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
·		IL6009930	B. WING			C /19/2022
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE	
S9999	with a diagnosis of R1's hospital physic September 12, 202; hospital with a compass diagnosed with note showed R1 "we (2022) for urinary reprior to discharge (follow up with us" On September 15, 2 Physician Assistant of urinary catheter purinary retention. Verial discharge instruction he was to follow-up trial. I just had the verial facility) in April and burinary catheter bacurologist that (R1) haven't contacted (Fourther cares or treaton of September 15, 2 Assistant Director of	ain admitted to the hospital sepsis secondary to a UTI. sian urology consult note dated 2 showed R1 presented to the plaint of abdominal pain and sepsis related to a UTI. The as seen by our service in April stention. Failed a voiding trial rom the hospital). Did not 2022 at 10:50 AM, V6 (PA) stated R1 had a history placement, frequent UTIs, and 6 stated, "(R1's) hospital as from April (2022) showed with a urologist for a voiding roiding trial done here (in the he failed it. We put the k in. No, I didn't notify the ad failed the voiding trial. I R1's) urologist to discuss any thrent for (R1)."	S9999			
	Infectious Disease N am not sure if (R1) h of being hospitalized urology because of h frequent UTIs, sepsi	022 at 11:50 AM, V4 lurse Practitioner stated, "I has seen a urologist outside . He needs follow-up with his history of urinary retention, s, and obstructive uropathy."		10 28		
	hospital for a consult	022 at 12:10 PM, V7 ed, "I just saw (R1) in the a few days agoEven if the crial on him in April (2022), he				

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